

PEDIATRICZ NOW

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Pediatricz Now may use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment, and Healthcare Operations (TPO). Please refer to Pediatricz Now Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practice prior to signing this consent. Pediatricz Now reserves the right to revise its Notice of Privacy practices at any time.

A revised Notice of Privacy practice may be obtained by forwarding a written request to Pediatricz Now, Privacy Officer at 1300 Post Oak Blvd., Suite 1180, Houston, Texas 77056.

With my consent, Pediatricz Now may **CALL** my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Pediatricz Now may **MAIL** to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, Pediatricz Now may **E-MAIL** me appointment reminders and patient statements. I have the right to request that Pediatricz Now, restrict how it uses or discloses my request restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Pediatricz Now use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

Patient Name

Printed Name or Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date